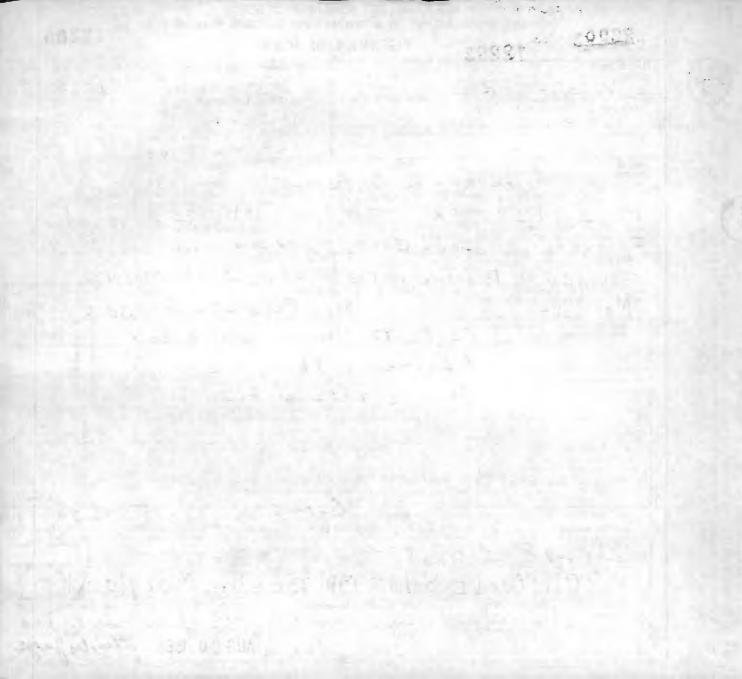
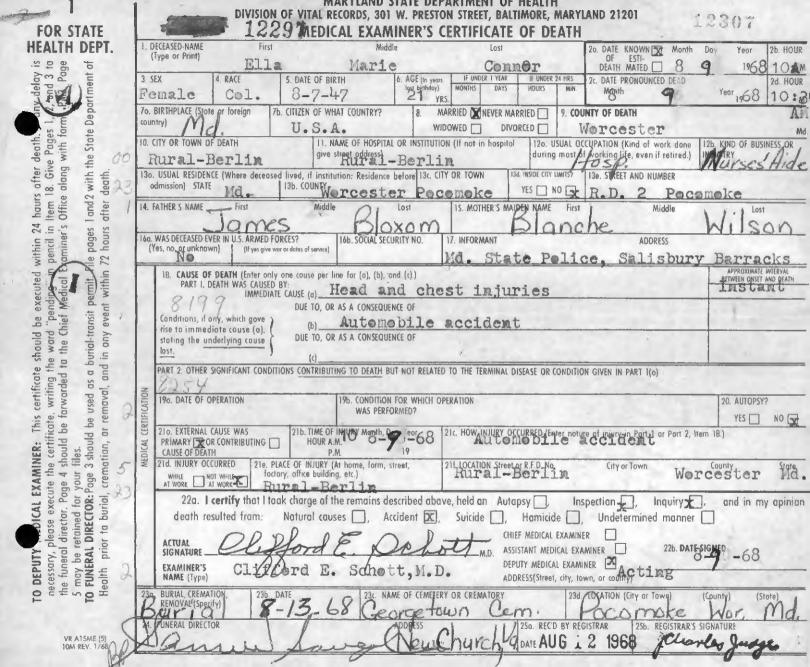
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12305 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ARCESTE RYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write PURAL and give nearest town) ERLIN SERLIN d. NAME OF HOSPITAL OR INSTITUTION (If pat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST, MARTINIS YES X NO T NAME OF Middle 4 DATE First Last Year DECEASED OF DEATH UE ORGE UG. 19 (Type or print) 9. AGE (In years S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) WIDOWED DIVORCED and in ony 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTIMPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during-most of working life, even if retired) INDUSTRY COUNTRY? BERLIN TAR MIGR 13. FATHER'S NAME 14.5 MOTHER'S MAIDEN NAME or removol, 15. WAS DECEASED EVER IN U.S. ARMED FOR CES? INFORMANT (Yes, no, or unknown) (If you give war or dates af service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), NTERVAL BETWEE ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO signed buriol. Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse has been lost 50 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BYATY BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) Hour a.m factory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this haspital) attended the deceased fram $\omega - 1 - 1$ saw the deceased alive an 8-10-68 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. PHYS DIRECTOR 22d. ADDRESS PHYSICIANIS 23c. NAME OF CEMETERY OF CREMATORY BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) EVERGEEN 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

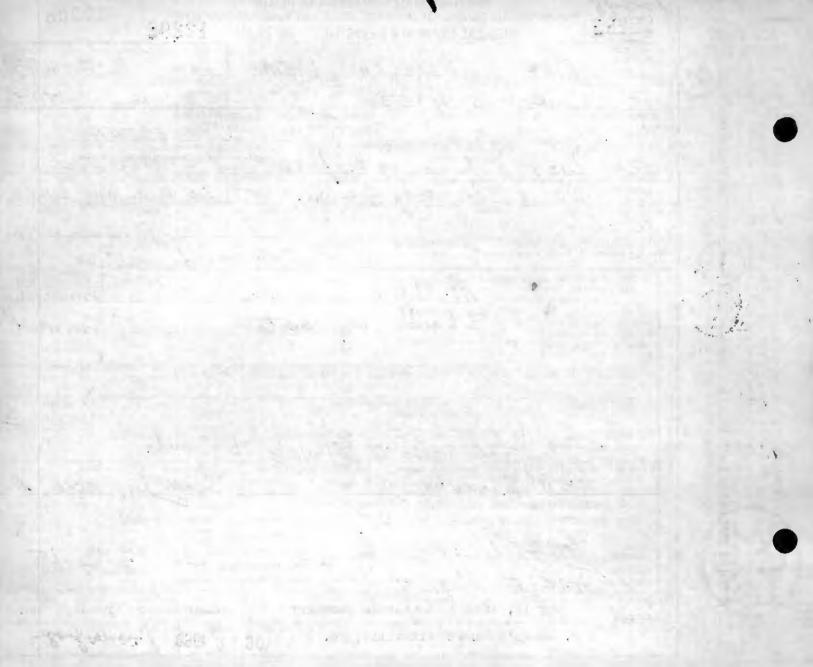


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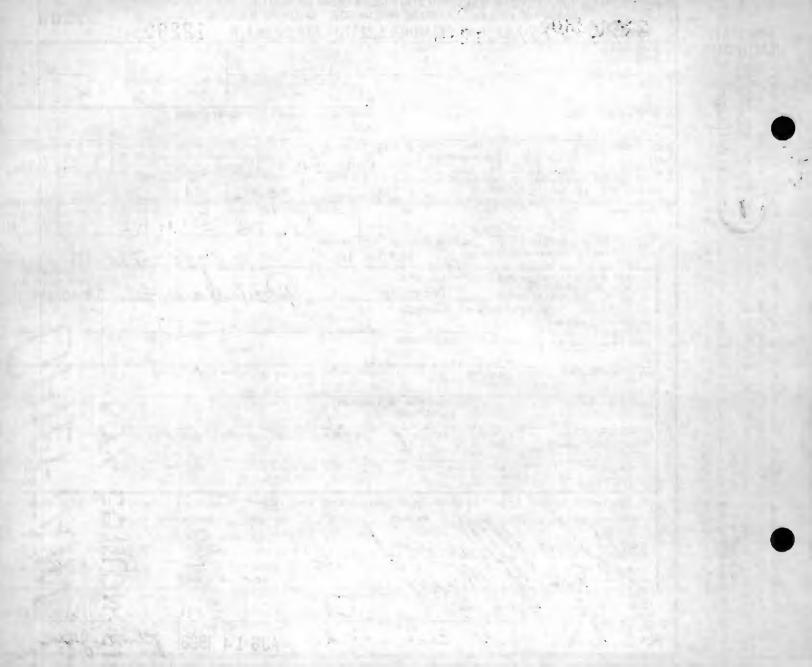


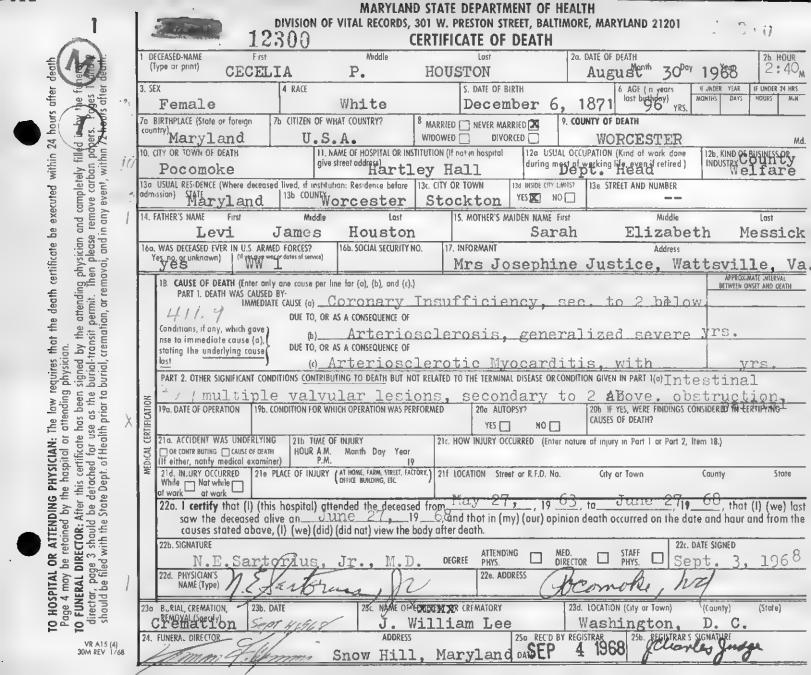
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MAKILAN STATE DEPARTMENT OF REALTH



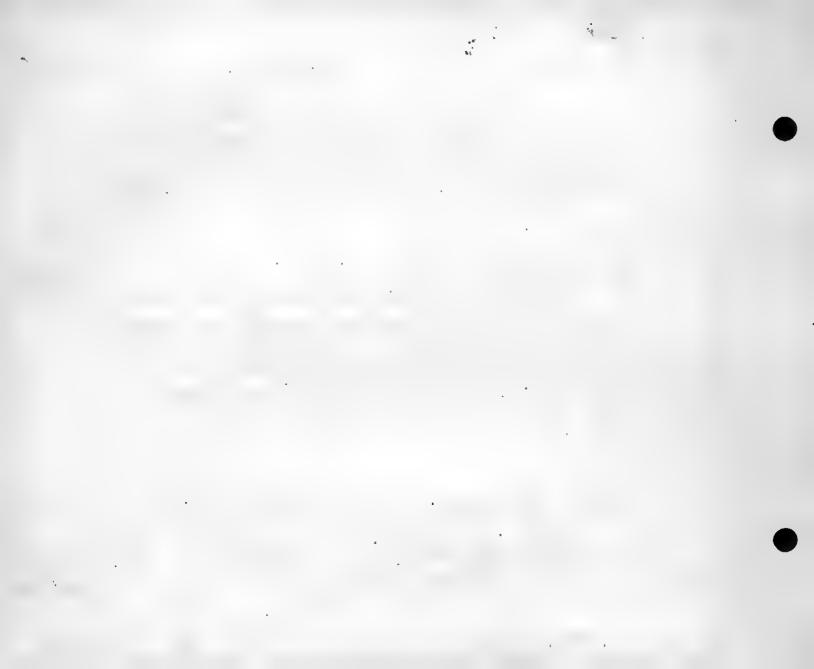
14	n	Lte	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	19900
FOR :	STAFE		12292 12299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12292	12309
HEALTH	H DEPT.			Day Year 2b. HOUR
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ny delay is 2, and 3 ta PM3. Page	() ()	3. \$	(ast byfilder) MONTHS DAYS HOURS MAIN. Month Day	Year 196 & SP M
2, C		70.	BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	196 8 J/ M
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fer death Give Pages 1,	State	10. (it Name of Huspital UK Institution (it not in hospital 12a. Usual Occupation (kind at work done 12a. Usual	12b. KIND OF BUSINESS OR
after death 3. Give Pag alang with	£ 00	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d MISIDE CITY LIMITS? 13e. STREET AND NUMBER	Collège
0 00 0	A Hood 66		dmission) STATE A / 1 13b COUNTY	iew
haurs Office	offer of	14, [ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	lost
2 4	in in	14	Thomas Franck JULIA SIMKO	
d be executed within d'pending' in pendi li	pages 2		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dottes of service) 578-50-8291 (17. INFORMANT C. SIVAL 1816 Metacraft Rd	Alelohi Md
d w	File in 72		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in	permit. F		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning [Asthbut Michael Course (b) Drowning Drowning	Immediate
exe endi	ansit pe		984X DUE TO, OR AS A CONSEQUENCE OF	
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ertificate sh writing the warded to	s a bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffica iffing arde	d as	8	929 8	
0 5	remaval,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
Thi	9 -	CERTIE	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iter	YES NO
INER: This e certificate, shauld be fo		MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	1304
EXAMINER: cute the cert age 4 shaul		MEI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, white not white not white factory, affice building, etc.)	County State
EXA ecute Page	,		AT WORK LI AT WORK LI	
×e ×e	- D -		22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection , Inquiry	and in my apinian
please directo	DIRECT or to bu		death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined manner (
4 P	RAL DI prior		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226. DATES	IGNED / C
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O DEPUTY DICA n≡cessary, please ■ the funeral director	5 may 70 FUNE Health	22-	NAME (Uppe) JAMES / / / / URENY JE ADDRESS(Street, city, town, or county) BURIAL, CREMATION 236. DATE) 23c. NAME OF CEMETRRY OF CREMATORY 23d. LOCATION (Gity on Town)	
7	- P	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETRRY OF CREMATORY 23d. LOCATION (Sity of Town) REMOVAL (Specify) 8 14 68 Brank dale Dealine	(Couply) (State)
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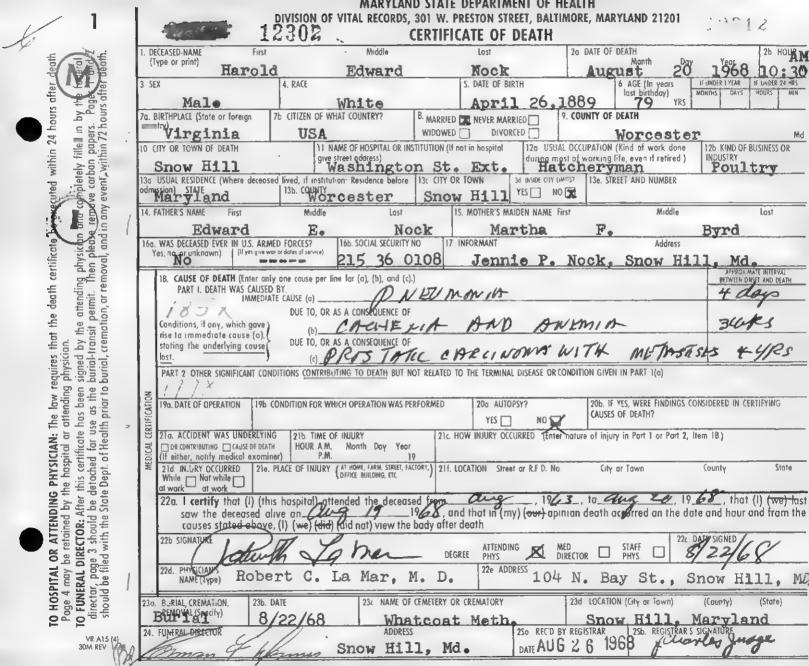






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正や 吉 、		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING		URY Month, Doy, Year	ZIC. HOW INJURY OF	CCURRED (Enter notur	e of injury in Port 1 or Port 2,	Item 18 }	
NER NER Shau files sho sho atia	MEDICAL	CAUSE OF DEATH 21d NJURY OCCURRED 21e	P.M. PLACE OF INJURY (At I	19	21f EOCATION Street	or P.F.D. No.	C ty or Town	County	Stote
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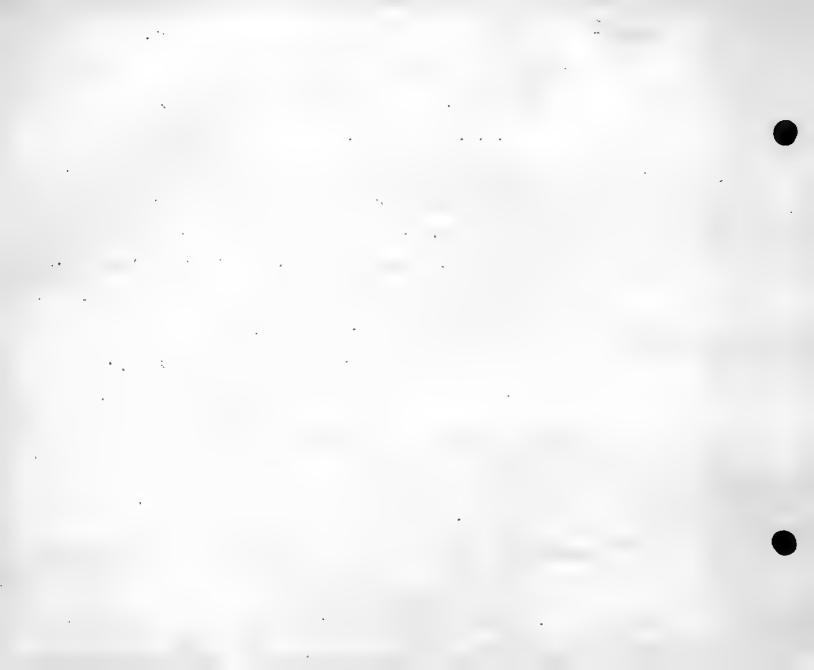


	ECEASED NAME		MINER'S CERTIFIC	Last			26 HOUR
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3 }	Penale 4 RACE Col.	12-31-40	6 AGE (in years if UNDER iast birthday) MONTHS 27/RS	DAYS HOURS MIN	2c DATE PRONOUNCED DEAL Month	D Year 19	24 MOUR3
	BIRTHP.ACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?	44		UNTY OF DEATH		
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160 }	WAS DECEASED EVER IN U.S. ARM	ED FORCES? [16b SOCIAL S] give wor or dates of service]			ADDRESS		
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CERTIFICATION	190 DATE OF OPERATION		ON FOR WHICH OPERATION			20 AUTOPSY?	
) All							NO 🙀
No.	210. EXTERNAL CAUSE WAS	IG HOUR A.M	7 .		ture of injury in Port 1 or Port		
	PRIMARY OR CONTRIBUTION			0 4		abant dudi-	ries
MEDICAL CERT	CAUSE OF BEATH	Le PACE OF INJURY (At home form	0468 Auto	accident N Street or R F D No	-Head and c	County	State
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	CAUSE OF CRATH 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	le PLACE OF INJURY (At home, form foctory, office building, etc.)	, street, 21f LOCAT ON Highv	ay Aural	Berlin Wo	County %	g.
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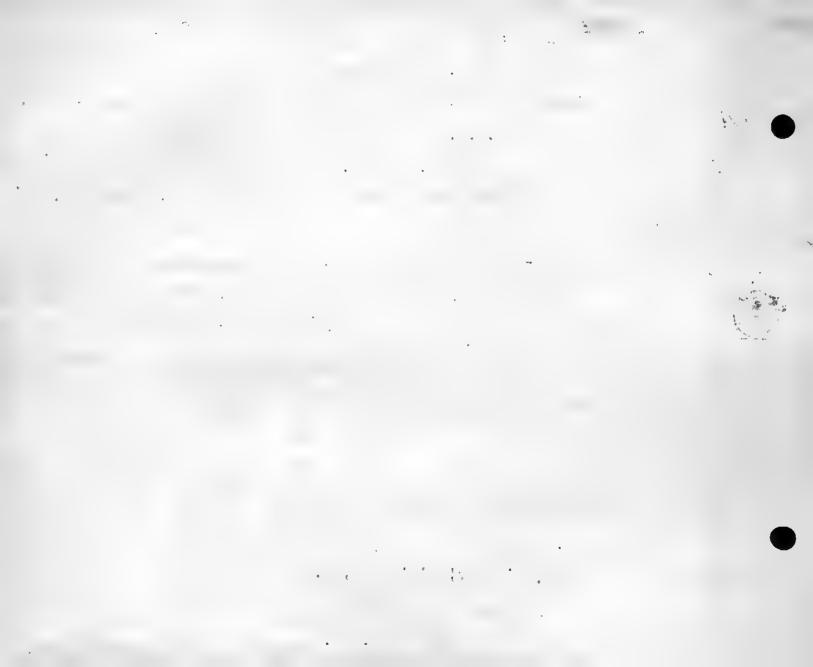
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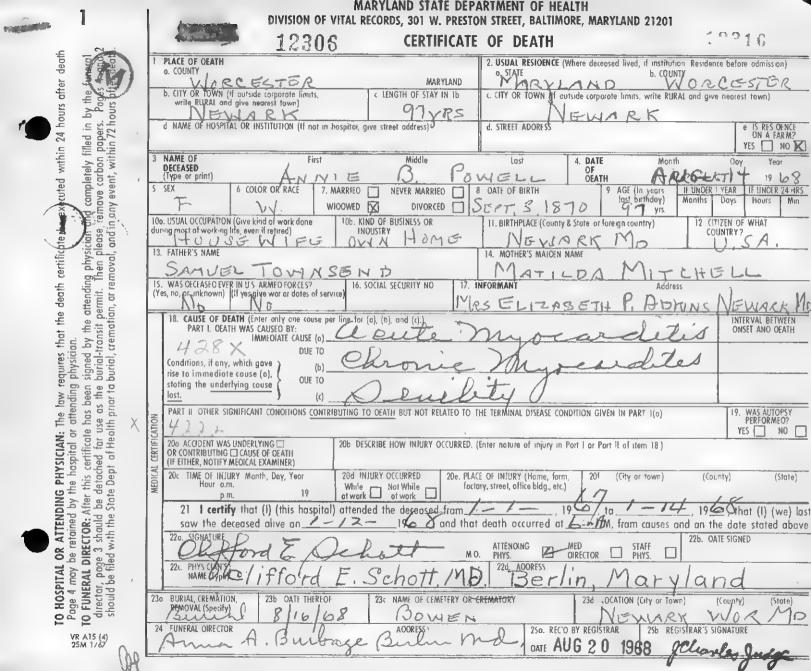
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<u></u>				, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	1114
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and coremo	14.	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	irst Middle	Lost
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		. WAS DECEASED EVER IN U.S. ARN res, no or unknown) (If yes give w	vor or detas of sandoul		Address	-
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The law re attending has been se as the th priar talk	N S	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
and a set	CERTIFICATION	ACCIDENT WILE INDEDIVE	IC Law stars of marry	YES NO		20.
AN AN Incomplete An	¥	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF OEAT	TH HOUR A.M. Month Day Yes	r	r nature of injury in Part 1 or Part 2, Ite	m 18)
Spit spit spit spit spit spit spit spit s	ğ	(If either, notify medical examinated 121e.	ner) P.M.	19		6
PHY is c facth	_		OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County State
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the 1 start should be detached for use as the burial-transit permit. Then please remove carbon papers. Page ed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after with the state Dept.		at work at work	المناف الماسيقين المنافي	DEC. 4. ISC	2 to Alle, 25 to 1)
Affre Store	П	saw the deceased a	live onA12e25	sed fram Dec 4 , 195 19 68 and that in (my) (aur) ap	nian death accurred on the date	and haur and from the
Selection of the select		causes stated above	e, (I) (we) (did) (did nat) view th	e bady after death.		
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TAI AI Page Figure 1		22d. PHYSICIANS NAME (Type) N.E.S	artorius, Jr.,	M.D. 22e ADDRESS Mark	et St., Pocomok	ce City. Mra
A n 4 n tar, tar,						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior tall	23 a	BURIAL, CREMATION, 23b. I		Comptend		(County) (State)
5-5-76	24	BUTIAL BUTIAL 8	-28-1968 Wood	lawn Cemetery		Maryland
VR A15 (47)	14	A LO A A A	Calson Pocomok	e City, Md. DATE AU	REGISTRAR 1968 REGISTRAR'S SI	Par Joseph
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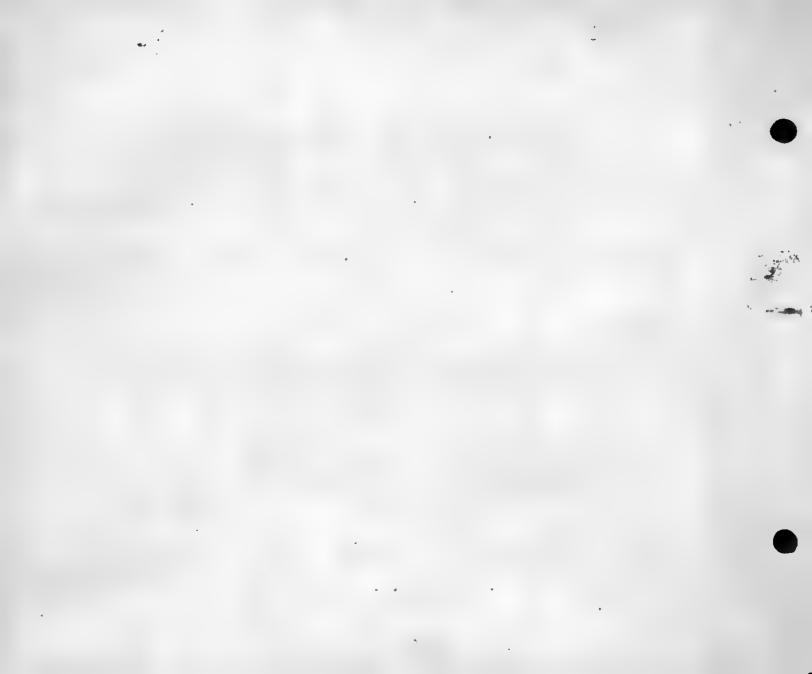
111	1/	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12305
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN DO Month Doy Year 26 HOHR
Eny delay is 2, and 3 to PM3. Page	(Type or Print) OF ESTI- DEATH MATED B 11 1968 P.M.
delay Ind 3 13. Pa	3 5	EX 4. RACE S DATE OF BIRTH 6 AGE In years FLHORE 1 YEAR FLHORE 24 HPS 2c DATE PRONOLINGED DEAD 32 HQQPS
P P B G		ale White June 25. 1907 6 18 8-11 8-1968 P. M
- 21 E	/a. cour	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9. COUNTY OF DEATH (STATE)
ate of the	10.4	Maryland U.S.A. WIDOWED DIVORCED Worcester Md TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c. USUAL OCC. PATION (Kind of work done 12b Kind Os Business OR
r death ve Poge 3 with the Stat	Ι.	give street address) during most of working life even it retired INDUSTRY TICE
after death 8. Give Poga along with with the Sta leoth	130	USUAL RESIDENCE (Where deceased I ved, if institution. Residence before 13c. CITY OR TOWN. 34 INSIGN CITY LANDS? 13e STREET AND NUMBER
hours after death Item 18. Give Poges Office along with on Iond 2 with the State	0	driss on) STATE 13b. County Worcester Snow Hill YES NO 211 E. Martin St.
I hours Item 18 Office Jond 2 v	14. 1	ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost
		harles Pennewell Bertie Butler
within 24 pencil in cominer's ile poges 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no. or unknown) (If yes give wor or deltes of service) 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS
The same of the sa	-	No = 212-16-1221 Mrs. Edith Pennewell, Same as (13e)
within		PART I DEATH WAS (A ISED RY
X TE STATE OF THE		2509 DUE TO, OR AS & CONSEQUENCE OF
should be ex ne word "perd o the Chieffin buriol-transit p		Conditions, if any/which gave) Arterin Schratic Heist Discosses Imahi warra
should e word the Ch uriol-tro		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sho o th o th burk		1) Diabetes Nellitus many years
MINER: This certificate should be the certificate, writing the word "pet a should be forworded to the Chief or files. e 3 should be used as a buriol-transition, or removal, and in any every		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
certifi , writir orword used o movol,	NO.	196. COND TON FOR WHICH OPERATION 120 AUTOPSY?
his certific ate, writin e forword be used os removol.	CERTIFICATION	WAS PERFORMED? YES NO
MINER: This the certificate, a should be four files. e 3 should be umotion, or rem		2 o EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18)
INER: 1 e certific should le files. 3 should otion, o	MEDICAL	CAUSE OF DEATH P.M. 19
XAMINER: te the certi ge 4 should your files. 'oge 3 shou cremotion,	*	21d. N.J.RY OCCURRED 21e. PLACE OF INJURY (At name, form, street, while not while factory, affice building, etc.) 21f LOCATION Street or R.F.D. No. (ity or Town Caunty State
ICAL EXAMINER : execute the cer for. Page 4 should be for your files. CTOR: Page 3 should buriol, cremotion		AT WORK AT WORK
ICAL E executor. Poped for CTOR: F buriol,		22a certify that I taok charge of the remains described obove, held an Autopsy, Inspection, Inquiry, and in my opinion
Dleose e I director retoined		death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined monner
pleose il directer retaine		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
Sary, ineral / be ERAL		EXAMINER'S Lloyd B. Lgns. M.D. Hill Md. DEPUTY MED CAL EXAMINER A ALGUST 13 1963
necessary, please execute the funeral director. Page 5 may be retained for you To FUNERAL DIRECTOR: Page Health prior to buriol, cr.		AMME (Type) 104 10 22803 ADDRESS(SHEET, GIVE, TOWN, OF COUNTY)
5 5 ± 2 5 ±	230	BURIAL, CREMATION REMOVAL (Specify) 8-11-1968 What cost Methodist Snow Hill, Maryland
	24	Burial 8-11-1968 Whatcoat Methodist Snow Hill, Maryland FUNEPH DIRECTOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5)		Suald C Sound Snow Hill, Md. DATE AUG 1 5 1968 Charles Indee
10M REV 1768	4	TORIC MOD I D 1300 KINGHA JAMES



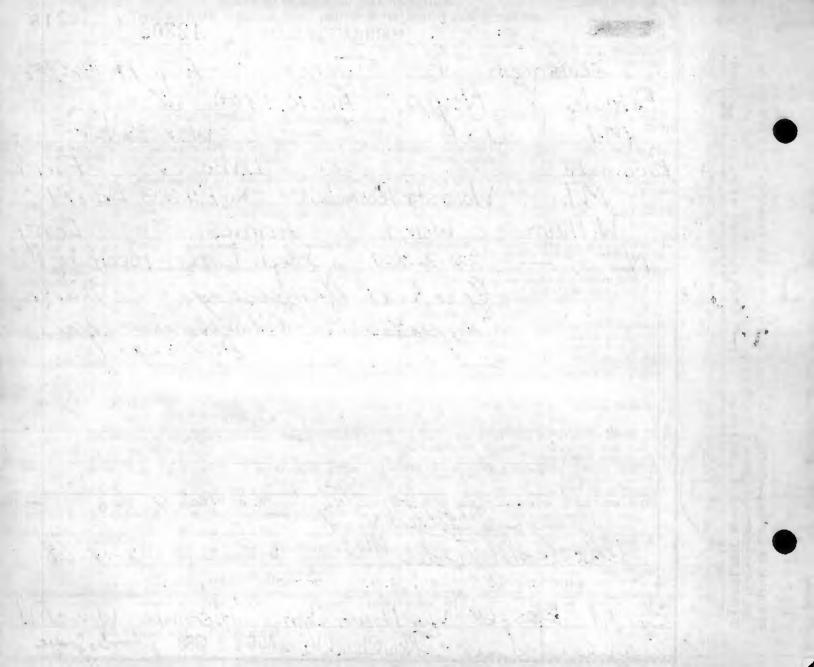




ا سر	1/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 24
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12307	17
HEALTH DEPT.			Doy Year 2b. HOUR
> 0 ÷		SEX 4 RACE S DATE OF BIRTH 6 AGE (In years of UNDER YEAR IF UNDER 24 ARS 2c DATE PRONOUNCED DEAD lost birthdoy) MONITHS DAYS HOURS MAN MONTHS 20 YRS	16810A M
2, and 2. and 3.	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	A-TA
	(0/1	"aryland U.S.A. WHOWED DIVORCED Worcester Count	
after death 3 Give Poges olong with for with the State eath.	1	Berlin-Rural give street oddress) n-Rural during most of working life, even if retired.)	126 KIND OF BUSINESS OR NOUSTRY NO 11 •
o o o ≥ <u>o</u>	130	odmission) STATE III. 13b COUNTY or Residence before Berlin 13c CITY OR TOWN 13d Maide CITY Limits? 13e. STREET AND NUMBER Berlin 9ES R NO Flowerst.	
I hours a Item 18 Office of Iond 2 w	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Losi
hin 24 note in 1 niner's (pages 1 hours o	160	James Partlow Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS] ADDRESS	
		(Yes, no, or Jaknown) (19 yes give wor or do do so of service)	Barracks
Pi = ii		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Head and chest injuries	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LISCALL
S P T		DUE TO, OR AS A CONSEQUENCE OF	
d be constrons		Conditions, if any, which gave rise to immediate cause (a). Conditions, if any, which gave rise to immediate cause (a). Due TO, OR AS A CONSEQUENCE OF	
should be extremely bend to the Chief the buriot-tronsit plan only event		stating the underlying cause Out TO, OR AS A CONSEQUENCE OF	
INER: This certificate should be a certificate, writing the word possible to the Chief files 3 should be used as a buriot-trons to the control of the contro	*	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a)	
This certificate frate, writing the be forwarded to do be used as a borr removal, and	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO 5
# n = 0	AL CER	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING OF INJURY OR CONTRIBUTING OR CONTRIBUTING OF INJURY OR CONTRIBUTING OR CONTRIBUTING OF INJURY OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CON	
se execute the certicator Page 4 should ned for your fites tector. Page 3 should buriel, cremation,	AED CAL	CALSE OF DIATH PM 8 1019 68 Auto accident Head and ches 21d INJURY OCCURRED 21a PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ity or Town	St injuries County State
L EXAM recute th Page 4 for your NR: Page ial, crem	3	while AT WORK	orcester Md.
Xer.J Pag for for riol,		220. I certify that I took charge of the remains described above, held an Autopsy, Inspect on Inquiry	
lease e director stoined DIRECT		deoth resulted from Notural couses, Accident 🛣 , Suicide, Hamicide, Undetermined monner []
e		ACTUAL CHIEF MEDICAL EXAMINER () 226 DATE SI	IGNED
DEPUTY cessory, e funeral may be r EUNERAL	}	EXAMINER'S DEPUTY MEDICAL EXAMINER PACT 1 100	8-10-68
(1) = 03		NAME (Type) Clifford E. Schot, M.D. ADDRESS(Street city town, or county)	
0	L	MANAGER 8-13-1968 FV rgreen Berlin o	(Caunty) (State) OP . kid .
VR A15ME (5)	0 24	Plinton Fiftherat Salle and, DATE AUG 15 1988 Value	GNATURE
10M REV 168		under granuay sauce 47741 pare noo 1 0 1000 ferres	May Judge



		2308 MAKYLAND STATE DEPARTMENT OF HEALTH
Carrie and Company of the Company of	11	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12318
		CERTIFICATE OF DEATH 12303
	1.00	
£ 25€		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) 20. DATE OF DEATH Month Day Year,
rr death. Funeral 1 and 2 er death.	1 ,	Savannah E. Jurner Aug. 17 19689500
e L	3. St	EX . 4. RACE S. DATE OF BIRTH 6. AGE IN yeors I FUNDER 7 YEAR OF UNDER 74 HIS.
# 2 % a		Leave lost brightedy) MONTH'S DAYS HOURS MIN
2 3 2	-	remale 14910 14pr. 10, 1900 68 YRS
	/0. J	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH 9. COUNTY OF DEATH
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hin 24 filled pape thin 7	10. 0	CRTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
death certificate be executed within 24 hours after death then please remove carbon papers. The funeral rmit. Then please remove carbon papers. The fune funeral rmit. The please remove carbon papers.	11	give street address) during nyost of working life, even if retired.) INDUSTRY
ecuted with completely ave carbon y event, with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136-CITY OR TOWN) 13d, IMSIDE CITY LIMITS? 13e, STREET AND NUMBER
pal de les		ission) STATE 13b. COUNTY CONCAST PURISH NO IN THIS TOTAL PROPERTY OF THE PROP
om om	_	Morcestr Focomoke 15 K. L. J. Dx. 179
d d d	14.1	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN, NAME First Middle Last
and and in an		William Ward Hoose Long
rrificate b physician en please oval, and	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address)
sici al	100	
phy en ova		1VO - 480-16-1131 a Dept TOTTER FOCUMONE, I'M
death cer attending p permit. The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL OUTSIGN ON SET AND DEATH
# · · · · · · · · · · · · · · · · · · ·		PART I. DEATH WAS CAUSED BY:
death fattendii permit.		IMMEDIATE CAUSE (o) CERE ON A MANUAL MARINE
o e o	1	DUE TO, OR AS A CONSEQUENCE OF
i i i i i i i i i i i i i i i i i i i		Canditions, if any, which gave rise to immediate cause (a). (b) Hyper Lensine drato Vessules ofears
9 45 5		
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- S S S S S S S S S S S S S S S S S S S		stating the underlying couse DUE TO, OR AS PROPREQUENCE OF Oct.
uires th hyskian genedia urial-tro urial, cr		lost. (c)
requires that the death certificate be exer a physician. I signed by the artending physician and construction of the please remain burial, cremation, ar removal, and in any		
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 443 ×
	CATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 4 3 × 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	RIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 443 ×
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 4 4 3 × 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2305 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN OR DEATH MATED 6. AGE (In years DATE OF BIRTH 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN admission) STATE DROOKFIELD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 17. INFORMANT (Yet no or unknown) KINDUSA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed the Chief Medical PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Conditions, it any, which gave PERTENSION rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) remayal, 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? NO E 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town. County State factory, affice building, etc.) MOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Z Inquiry ond in my opinion Natural courses death resulted fram: Accident Suicide -Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER the funeral ASST DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, tawn, or county) BURIAL CREMATION (County) (State) 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

MAKTLAND STATE DEPAKIMENT OF HEALTH

